



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

										FILE NUMBER	
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →											
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name DOVE		First Name TERRY		Middle Name		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee			
4. Mailing Address 810 N. Grant Ave						5. FAX (Optional)		6. E-mail Address (Optional)			
7. City Indianapolis		State IN	ZIP Code 46201	8. County Marion		9. Telephone (Day) 317, 701-4191		10. Telephone (Evening) 317, 641-2830			
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.)					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Friends of the Voice of the People											
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 810 N. Grant Ave						15. FAX (Optional)		16. E-mail Address (Optional)			
17. City Indianapolis		State IN	ZIP Code 46201	18. County Marion		19. Telephone 317, 701-4191		20. Committee Organization Date (MM-DD-YY) 10/9/09			
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Terry Dove											
22. Mailing Address <input type="checkbox"/> Check if this is a new address						23. FAX (Optional)		24. E-mail Address (Optional)			
25. City		State	ZIP Code	26. County		27. Telephone (Day)		28. Telephone (Evening)			
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) M&I Bank											
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) To receive and/or expend funds to explore other						31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)											
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. ERINE DOVE						Signature of the Committee Chairperson					
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer ERINE ELAINE DOVE											
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 810 N. Grant Ave						35. FAX (Optional)		36. E-mail Address (Optional)			
37. City Indianapolis		State IN	ZIP Code 46201	38. County Marion		39. Telephone (Day) 317, 531-5038		40. Telephone (Evening) 317, 641-2830			
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)											
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment					
SECTION E. CERTIFICATION OF STATEMENT											
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.											
42. Typed or Printed Name of Chairperson Terry Dove				Signature of Chairperson Terry Dove				Date (MM-DD-YY)			
43. Typed or Printed Name of Candidate				Signature of Candidate				Date (MM-DD-YY)			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).											

FOR OFFICE USE ONLY

Elizabeth A. White

OCT 08 2009

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